



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYT370010134

INSTALLATION ADDRESS

CARTER SPRAY FINISHING CORP
65 ECKFORD STREET
BROOKLYN NY 11222

257 DRIGGS AVE
BROOKLYN NY 11222

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

NY000154222

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

CARTER SPRAY FINISHING CORP
65-67 ECKFORD ST
BROOKLYN, NY 11222

III. LOCATION OF INSTALLATION

~~65-67 ECKFORD ST 257 DRIGGS AVE~~
BROOKLYN, NY 11222

NYT370010134

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

NYT37001013421

800818

I. NAME OF INSTALLATION

CARTER SPRAY FINISHING CORP

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

65 ECKFORD STREET

CITY OR TOWN

BROOKLYN

ST.

ZIP CODE

NY 11222

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

257 DRIGGS AVE

CITY OR TOWN

BROOKLYN

ST.

ZIP CODE

NY 11222

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

LAWRENCE M CARTER VICE PRES.

212-782-5332

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

RETRAC REALTY DAVID CARTER PRES

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

S	W	Y	T	3	7	0	0	1	0	1	3	4	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 4226 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

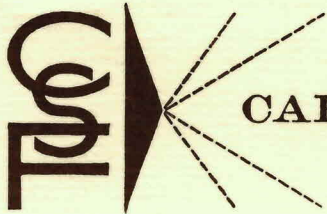
DATE SIGNED

Lawrence M. Carter

LAWRENCE M. CARTER VICE PRES - 8/15/80

EPA Form 8700-12 (6-80) REVERSE

RP



CARTER SPRAY FINISHING CORPORATION

INDUSTRIAL METAL FINISHERS

65-71 Eckford Street, Brooklyn, N. Y. 11222 • ST 2-5332-3

*NYC 001-47997
NYD 980 593073*

2/24/83

United States Environmental Protection Agency
Region 11
Permits Administration Branch
26 Federal Plaza Rm 432
N.Y., N.Y. 10278

Attn: Dr. Richard Baker
Chief Permits Administration Branch
Air & Waste Management Division

Dear Mr. Baker;

In 1980, Pursuant to RCRA 42 U.S.C. §6901, Section 3010(A) of RCRA, 42 U.S.C. §6930(A), I filed for an EPA number not realizing that the waste generated at my manufacturing facility falls far below the amounts required for regulation. Subsequently, I wrote EPA at 26 Federal Plaza on two occasions trying to establish our correct status for your records.

Please call me if you have any questions.

*check file for
2 other letters.
+
Chug State.*

Yours truly,

Lawrence Carter
Lawrence Carter, V.P.
Carter Spray Finishing Corp.

*delete BSD
add gen
C303=2*

*94
HADM
9/5/83*

*PAB
3/1/83*
11 20 AM '83
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

GAFFER SPRAY FINISHING CORPORATION

22-11-1980 (Rev. 1-1-79) - 11-1-1980

2/24/83

United States Environmental Protection Agency
Region II
Permits Administration Branch
33 Federal Plaza RM 432
New York, N.Y. 10278

Attn: Mr. Richard Baker
Chief Permits Administration Branch
Air & Waste Management Division

Dear Mr. Baker:

In 1980, pursuant to RCRA 42 U.S.C. 6901, Section 101(a) of RCRA, 42 U.S.C. 6903(a), I filed for an EPA number not realizing that the waste generated at my manufacturing facility falls far below the amounts required for regulation. Subsequently I wrote EPA at 33 Federal Plaza on two occasions trying to establish our contact status for your records. Please call me if you have any questions.

Yours truly,

Lawrence Gaffey, V.P.
Gaffer Spray Finishing Corp.

SEP 10 1981

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: CARTER SPRAY
FINISHING CORP.

EPA I.D. NUMBER:

NYT370010134

COMPANY ADDRESS: 257 DRIGGS AVE.
65 ECKFORD Street, Brooklyn.

NYD001547397

COMPANY CONTACT OR OFFICIAL:

Lawrence Carter

INSPECTOR'S NAME:

ANNA SARACCO

TITLE: President
212-782-5332

BRANCH/ORGANIZATION:

NYSDEC, Region 2

CHECK IF FACILITY IS ALSO A TSD
FACILITY ☒ This company

DATE OF INSPECTION:

August 11, 1981

registered as a TSD but they are
not.

YES

NO

DON

KNC

(1) Is there reason to believe that the facility has hazardous waste on site? ☒

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☐ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

DEC 8 8 15 AM '81

PERMITS ADMIN. BRANCH
REGION II

YESNODON'T
KNOW

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

— ☒ —

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

Trichloroethylene - 3 gal./month } Liquids from vapor degreaser.
 Trichloroethane - 3 gal./month }
 2 1/2 gallons solid sludge - oil + solvents - from vapor degreaser.
 5 lbs/mo.
 Other solvent waste about 5-10 gal./month.

- d. Describe the activities that result in the generation of hazardous waste.

Vapor degreaser - sludges that settle at bottom + used solvents (liquor) - used to clean metal.
 Spray painting of machine parts -
 solid Sludge Paint - 3 1/2 - 4 gallon volume / 15 lb/day.
 Painting + coating of metal products - solvent + water based.

- (2) Is hazardous waste stored on site?

☒ — —

- a. What is the longest period that it has been accumulated?

See comments on last page.

- b. Is the date when drums were placed in storage marked on each drum?

☒ — —

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

☒ — —

- a. If "yes," approximately how many shipments were made?

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

— ☒ —

- b. If "no" or "don't know," please elaborate.

YESNODON'T
KNOW

c. Does each manifest (or a representative sample) have the following information?

- a manifest document number — — —
- the generator's name, mailing address, telephone number, and EPA identification number — — —
- the name, and EPA identification number of each transporter — — —
- the name, address and EPA identification number of the designated facility and an alternate facility, if any: — — —
- a description of the wastes (DOT) — — —
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle — — —
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA — — —

(5) Were there any hazardous wastes stored on site at the time of the inspection? *2 drums - neither was full. (55 gallon drums)* ✓

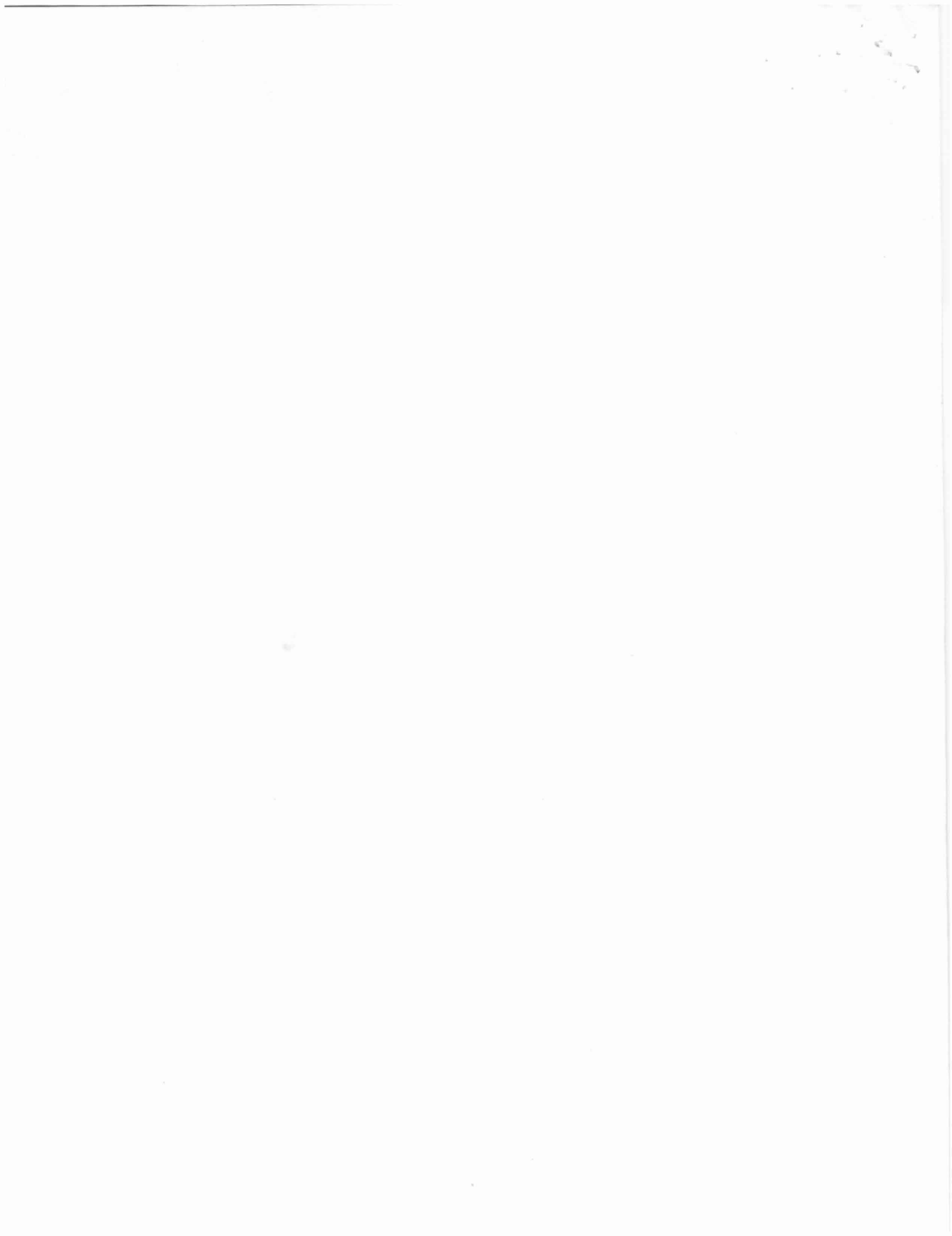
a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure? ✓

b. If not properly packaged or in secure tanks, please explain.

c. Are containers clearly marked and labelled? ✓

d. Do any containers appear to be leaking? ✓

e. If "yes," approximately how many?



"(6) Has the generator submitted an annual report to EPA covering the previous calendar year?

a. How do you know?

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago?

a. If "no," have Exception Reports been submitted to EPA covering these shipments?

(8) General comments.

The trichloroethylene & trichloroethane (3 gallon / month each) are sent back to the company it was bought from every month in 5 gallon packs. The companies are Baron & Blakesly, Pride Solvents and Matice^{cc} Solvents, all located in Nassau County.

The 2 1/2 gallon a 5 lbs / month of solid sludge from the bottom of the vapor degreaser go to Losvitto & Colandro their garbage hauler.

The solid sludge and filters with paint about 3 1/2 - 4 gallons / day or 15 lbs. / day go to Losvitto & Colandro their garbage hauler.

Miscellaneous solvent wastes (5-10 gallons / mo.) is stored until they get 20 gallons / month & it goes to Continental Technical Finishers.

Their wastewater from acids & cyanide & basic baths goes to the sewage treatment plant.

* The effective date for this requirement is March 1, 1982.

* This company is a small quantity generator.

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

COMPANY NAME: CARTER SPRAY

EPA I.D. Number: NYT 370010134
NYD 001547397

COMPANY ADDRESS: FINISHING CORP.
267 Deiggs Avenue
65 E. 14th Street, Brooklyn

COMPANY CONTACT OR OFFICIAL:

OTHER ENVIRONMENTAL PERMITS HELD

Lawrence Carter,

BY FACILITY: ☐ NPDES

☐ AIR

☐ OTHER

TITLE: President

212-782-5332

INSPECTOR'S NAME:

DATE OF INSPECTION:

ANNA R. Saracco

August 11, 1981

BRANCH/ORGANIZATION:

TIME OF DAY INSPECTION TOOK PLACE:

NYSDEC, Region 2

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☐ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES NO DON'T
KNOW

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

Please explain:

Tri-chloroethylene - 3 gal./mo - liquids from vapor degreaser
Tri-chloroethane - 3 gal./mo - liquids from vapor degreaser.

c. Identify the hazardous wastes that are on-site,

PERMITS ADMIN. BRANCH
REGION II
DEC 8 6 16 AM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

VISUAL OBSERVATIONS

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
(5) <u>SITE SECURITY</u> (§265.14)			
a. Is there a 24-hour surveillance system?	—	<u>✓</u>	—
b. Is there a suitable barrier which completely surrounds the active portion of the facility? <i>yes</i>			
c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?	—	<u>✓</u>	—
(6) Are there ignitable, reactive or incompatible wastes on site? (§265.27)	—	—	—
a. If "YES", what are the approximate quantities?			
b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste?	—	—	—
c. If "YES", explain			
d. In your opinion, are proper precautions taken so that these wastes do not:			
- generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	—
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	—
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?	—	—	—
- damage the structural integrity of the device or facility containing the waste?	—	—	—
- threaten human health or the environment?	—	—	—

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?

YES NO DON'T
KNOW

(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? ☐ ☒ ☐
- type and amount of training to be given to personnel in jobs related to hazardous waste management? ☐ ☒ ☐
- actual training or experience received by personnel? ☐ ☒ ☐

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? ☐ ☒ ☐
(§265.51)

a. Does the plan describe arrangements made with local authorities? ☐ ☐ ☐

b. Has the contingency plan been submitted to local authorities? ☐ ☐ ☐

How do you know?

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? ☐ ☒ ☐

d. Does the plan have a list of what emergency equipment is available? ☐ ☒ ☐

e. Is there a provision for evacuating facility personnel? ☐ ☐ ☐

f. Was an Emergency Coordinator present or on call at the time of the inspection? ☐ ☐ ☐

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? ☐ ☒ ☐

- location and quantity of each waste? ☐ ☐ ☐

- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? ☐ ☐ ☐

- detailed operating summary reports and description

YES NO DON'T
KNOW

- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility?

— — —

- a description of the steps necessary to decontaminate facility equipment during closure?

— — —

- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed?

— — —

b. What is the anticipated date for final closure?

— — —

1c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?

— — —

d. Does the written post-closure plan include:

- a description of planned groundwater monitoring activities and their frequencies during post-closure?

— — —

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?

— — —

- the name, address and phone number of a person or office to contact during post-closure?

— — —

*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (\$265.142) What is it?

— — —

*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (\$265.144)

— — —

*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (\$265.90)

— — —

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area?

— — —

b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient

SITE-SPECIFIC

Please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

<u>STORAGE</u>	<u>TREATMENT</u>	<u>DISPOSAL</u>
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
Container p. 7	Incineration pp. 12-13	Surface Impound- ment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impound- ment or land treatment facilities)	<u>YES</u> <u>NO</u> <u>DON'T KNOW</u>
	Other _____	

*Two 55 gallon drums.
Each about 1/2 full.*

CONTAINERS (\$265.170)

1. Are there any leaking containers?
If "YES", explain. _ ✓ _
2. Are there any containers which appear in danger
of leaking?
If "YES", explain. _ ✓ _
3. Do wastes appear compatible with container
materials? _ ✓ am _
4. Are all containers closed except those in use? _ ✓ _
5. Do containers appear to be opened, handled
or stored in a manner which may rupture the
containers or cause them to leak? _ ✓ _
6. How often does the plant manager claim to inspect
container storage areas?

YES NO DON'T KNOW

- [illegible]

100-443887-100

- 100-443887-100

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics? If "YES", explain.	—	—	—

5. Are there any leaks, failures or is there any deterioration in the impoundments? If "YES", explain.	—	—	—
---	---	---	---

6. Give the approximate size of surface impoundments (gallons or cubic feet).			
---	--	--	--

WASTE PILES (\$265.250)

1. Is the waste pile protected from wind erosion?	—	—	—
---	---	---	---

a. Does it appear to need such protection?	—	—	—
--	---	---	---

b. Explain what type of protection exists.			
--	--	--	--

2. Does it appear that incompatible wastes are being stored in the same waste pile? If "YES", explain.	—	—	—
---	---	---	---

3. Is leachate run-off from a pile a hazardous waste? If "YES", explain this determination and answer (a) and (b) below.	—	—	—
---	---	---	---

a. Is the pile placed on an impermeable base that is compatible with the waste?	—	—	—
---	---	---	---

b. Is the pile protected from precipitation and run-on?	—	—	—
---	---	---	---

4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite? Please explain or indicate if no such wastes are present.	—	—	—
--	---	---	---

Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste? Please explain.	—	—	—
---	---	---	---

YES	NO	DON'T KNOW
-----	----	---------------

- | | | | |
|--|---|---|---|
| *2. Is run-on diverted away from the active portions of the land treatment facility? | — | — | — |
| *3. Is run-off collected? | — | — | — |
| 4. Are food chain crops being grown on the facility property? | — | — | — |
| a. If "YES", can the facility operator document that arsenic, lead and mercury: | | | |
| - will not be transferred to the crop or ingested by food chain animals or | — | — | — |
| - will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils. | — | — | — |
| b. Has notification of the growing of the food chain crops been made to the Regional Administrator? | — | — | — |
| 5. Is there a written and implemented plan for unsaturated zone monitoring? | — | — | — |
| 6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility? | — | — | — |
| 7. Do the closure and post-closure plans address: | | | |
| a. control of migration of hazardous wastes into the groundwater? | — | — | — |
| b. control of run-off, release of airborne particulate contaminants? | — | — | — |
| c. compliance with requirements for the growth of food-chain crops (if they are present)? | — | — | — |
| 8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition?
If "YES", explain. | — | — | — |
| 9. Are incompatible wastes placed in the same land treatment area?
If "YES", explain. | — | — | — |
| 10. What is the area of the land receiving hazardous waste treatment? | — | — | — |

- | | <u>YES</u> | <u>NO</u> | <u>DON'T
KNOW</u> |
|---|------------|-----------|-----------------------|
| - an internal communications or alarm system? | ___ | ___ | ___ |
| - a telephone or other device to summon emergency assistance from local authorities? | ___ | ___ | ___ |
| - portable fire equipment? | ___ | ___ | ___ |
| - adequate aisle space? | ___ | ___ | ___ |
| - in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. | ___ | ___ | ___ |


In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

- *(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? ___ ___ ___

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? ___ ___ ___
If "YES", explain.
- b. Do you believe that operation of this facility may affect groundwater quality? ___ ___ ___
- c. If "YES", explain.

RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? ___  ___
- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? ___ ___ ___

	YES	NO	DON'T KNOW
- the generator's name, mailing address, telephone number, and EPA identification number	___	___	___
- the name, and EPA identification number of each transporter	___	___	___
- the name, address and EPA identification number of the designated facility and an alternate facility, if any;	___	___	___
- a DOT description of the wastes	___	___	___
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	___	___	___
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA.	___	___	___
d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.	___	___	___
(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (\$265.13)	___	___ <input checked="" type="checkbox"/>	___
a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? (You may check more than one) Waste characteristics vary _____ All wastes are basically the same _____ Company treats all waste as hazardous _____ Don't know _____			
b. Does hazardous waste come to this facility from off-site sources?	___	___	___
c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?	___	___	___
(12) <u>INSPECTIONS</u> (\$265.15)			
a. Does the facility have a written inspection schedule?	___	___ <input checked="" type="checkbox"/>	___

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
--	------------	-----------	-----------------------

3. Is waste which is subject to wind dispersal controlled?
Explain.

4. Does the owner/operator maintain a map with:

- the exact location and dimensions of each cell.

- the contents of each cell and approximate location of each hazardous waste type

5. Do the closure and post-closure plans address:

- control of pollutant migration via ground water?

- control of surface water infiltration?

- prevention of erosion?

6. Is ignitable or reactive waste treated before being placed in the landfill?
Explain how you know.

7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell?
If "NO", explain.

8. Are bulk or non-containerized wastes containing free liquids placed in the landfill?
If "YES",

a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?

b. Is the waste treated and stabilized so that free liquids are no longer present?

*9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?

10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?

If so, are they crushed flat?

INCINERATORS AND THERMAL TREATMENT
(§§265.340 and 265.379)

<u>YES</u>	<u>NO</u>	<u>DON'T</u> <u>KNOW</u>
------------	-----------	-----------------------------

1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)?

2. Was hazardous waste being incinerated or thermally treated during your inspection?
If "YES", answer all following questions.
If "NO", answer only questions 3 and 7.

___	___	___
-----	-----	-----

3. Has waste analysis been performed (and written records kept) to include:

- heating value of the waste

___	___	___
-----	-----	-----

- halogen content

___	___	___
-----	-----	-----

- sulfur content

___	___	___
-----	-----	-----

- concentration of lead

___	___	___
-----	-----	-----

- concentration of mercury

___	___	___
-----	-----	-----

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here .

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes?

___	___	___
-----	-----	-----

5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:

- waste feed

___	___	___
-----	-----	-----

- auxiliary fuel feed

___	___	___
-----	-----	-----

- air flow

___	___	___
-----	-----	-----

- incinerator temperature

___	___	___
-----	-----	-----

- scrubber flow

___	___	___
-----	-----	-----

- scrubber pH

___	___	___
-----	-----	-----

a. If "YES", what is being burned?
(only burning or detonation
of explosives is permitted)

b. If open burning or detonation of explosives is taking
place, approximately what is the distance from the open
burning or detonation to the property of others?

<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
------------	-----------	-----------------------

6. Does the incinerator appear to be operating
properly? (Do emergency shutdown controls
and system alarms seem to be in good working
order?) Please explain.

_____	_____	_____
-------	-------	-------

a. Is there any evidence of fugitive emissions?

_____	_____	_____
-------	-------	-------

7. Is the residue from the incinerator treated
by the owner as a hazardous waste?
Please explain.

_____	_____	_____
-------	-------	-------

8. What types of air pollution control devices (if any)
are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (\$265.400)

1. Does the treatment process system show any
signs of ruptures, leaks, or corrosion?
Please explain.

_____	_____	_____
-------	-------	-------

2. Is there a means to stop the inflow of
continuously-fed hazardous wastes?

_____	_____	_____
-------	-------	-------

3. Is there ignitable or reactive waste fed
into the treatment system?

_____	_____	_____
-------	-------	-------

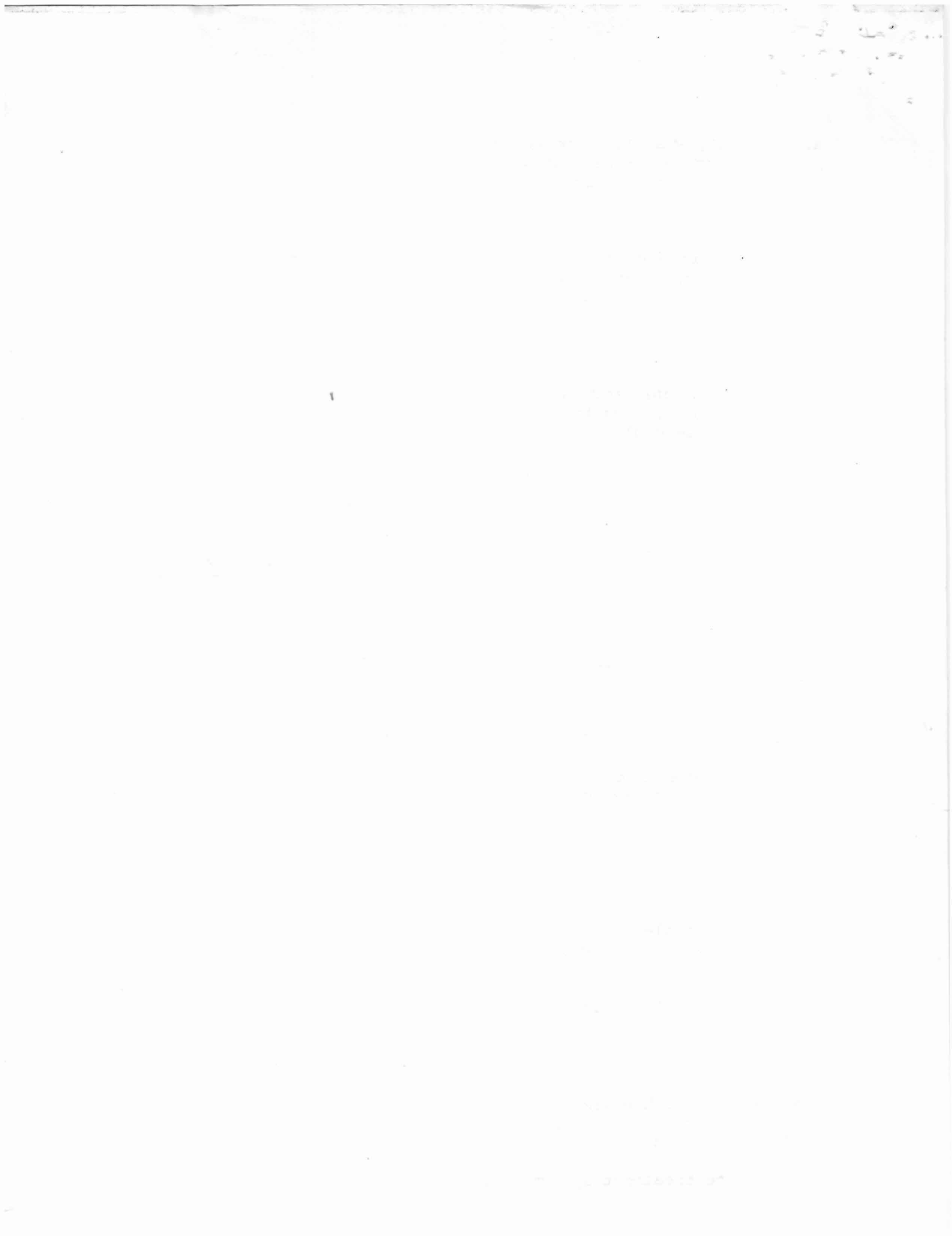
If "YES", has it been treated or protected
from any material or conditions which may
cause it to ignite or react? If so,
explain how.

_____	_____	_____
-------	-------	-------

Are the incompatible wastes placed in
the same treatment process?
If "YES", explain.

_____	_____	_____
-------	-------	-------

5. Describe the treatment system at this facility.



(6) Has the generator submitted an annual report to EPA covering the previous calendar year?

a. How do you know?

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago?

a. If "no," have Exception Reports been submitted to EPA covering these shipments?

(8) General comments.

The trichloroethylene & trichloroethane (2 gallon / month each) are sent back to the company it was bought from every month in 5 gallon pails. The companies are Baren & Blakesly, Pride Solvents and Mat^{cc} Solvents, all located in Nassau County.

The 2 1/2 gallon a 5 lbs / month of solid sludge from the bottom of the vapor degreaser go to Hostette & Colandrea their garbage hauler.

The solid sludge and filters with paint about 3 1/2 - 4 gallons / day or 15 lbs / day go to Hostette & Colandrea their garbage hauler.

Miscellaneous solvent wastes (5-10 gallons / mo.) is stored until they get 20 gallons / month & it goes to Continental Technical Services.

Their wastewater from acids & cyanides & basic baths goes to the sewage treatment plant.

* The effective date for this requirement is March 1, 1982.

* This company is a small quantity generator.



FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: April 15, 2016 - 11:50 AM

Version 5.0

User Selection Criteria

Location:	New York, all activities	Activity Location:	None Chosen
Handler ID:	NYD001547397	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 04/15/2016		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages: 4 Total Handlers: 1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: April 15, 2016 - 11:50 AM

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CARTER SPRAY FINISHING CORP

County Name / Code: KINGS / NY047

NYD001547397

Location: 65 ECKFORD ST; BROOKLYN, NY 11222

REGION 02

Mailing: 65 ECKFORD ST; BROOKLYN, NY 11222

Activity Location: NY		State District: NYSDEC R2		Accessibility:		Non-Notifier:		Extract Flag: Y		Active Site: Y	
Generator:	CEG	Transporter:	N	Operating TSDF:	-----	IC In Place:	N	El Indicator (HE / GW):N / N			
Short-Term Gen:	N	Transfer Facility:	N	Offsite Receiver:	N	HSM:	N	Subpart K: ----			
Full Enforcement:	-----	Converter:	-----	State Unaddressed SNC:	N	EPA Unaddressed SNC:	N				
CA Wrkld:	N	State TSDF:	-----	State Addressed SNC:	N	EPA Addressed SNC:	N				
Active State Gen:	N			State SNC w/Comp Sched:	N	EPA SNC w/Comp Sched:	N				

Evaluations With No Violations:

CEI Evaluation	07/30/1998	Activity Location: NY	By: EPA	Identifier: 000	Person: R2MD	Branch: RCB	Found Violation: NO
Citizen Complaint:	NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
CEI Evaluation	07/09/1997	Activity Location: NY	By: EPA	Identifier: 000	Person: R2MD	Branch: RCB	Found Violation: NO
Citizen Complaint:	NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
CEI Evaluation	01/28/1986	Activity Location: NY	By: State	Identifier: 002	Person: NYDEP	Branch:	Found Violation: NO
Citizen Complaint:	NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: April 15, 2016 - 11:50 AM

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Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: April 15, 2016 - 11:50 AM

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

* Note: Penalty amount may not reflect all violations cited.